

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

AUG 10 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5424</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Peter G. Catucci</u> P.O. Box, Bldg., Room No., if any Street <u>962 Wayne Ave. 5th Floor</u> City <u>Silver Spring</u> State <u>MD</u> ZIP Code + 4 <u>20910</u>	4. Name, file number, and address of labor organization. Name <u>Communications Workers of America</u> Labor Organization File Number <u>000-188</u> P.O. Box, Building and Room Number, if any Street <u>962 Wayne Ave. 5th Floor</u> City <u>Silver Spring</u> State <u>MD</u> ZIP Code + 4 <u>20910</u>
5. Position in labor organization. <u>VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8-10-05

Date

301-562-8130

Telephone Number

Name of Person Filing <b>Peter G. Catucci</b>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <b>CALIBRE CPA GROUP FLLC</b> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <b>1850 K St., N.W. Suite 1050</b> City <b>Washington</b> State <b>D.C.</b> ZIP Code + 4 <b>20006</b>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <b>Provided accounting services.</b> </div>
	11.b. Approximate dollar value of such dealing. <b>\$250,000.</b>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <b>Business Luncheon &amp; Golf at Congressional Country Club (6-10-04)</b> </div>
	12.b. Amount. <b>217.11</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer      or Consultant      ?	14.b. Amount of payment.

Name of Person Filing Peter G. Catucci	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name MAC KAY SHIELDS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9 West 57th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10019</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name CWA/ITU NEGOTIATED PENSION PLAN</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 931 S. Nevada Ave., Suite 120</p> <p>City Colorado Springs</p> <p>State Colorado ZIP Code + 4 80903</p>	<p>11.a. Nature of such dealing.</p> <p>Business provided investment advice and investment management services to the pension plan but charged no fees in 2004.</p> <p>11.b. Approximate dollar value of such dealing. -0-</p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner meeting to review investment products and get acquainted with sales and investment products offered by this firm. Dinner was followed by attendance at basketball game at the MCI Center on 12/15/04. \$150 ticket and \$71 for dinner.</p> <p>12.b. Amount. 221.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>Peter G. Catucci</b>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>KELLY PRESS</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>1701 Cabin Branch Drive</b></p> <p>City <b>Cheverly</b></p> <p>State <b>MD</b> ZIP Code + 4 <b>26785</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>						
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>Provided printing services.</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$900,000.</b></p> <p>12.a. Nature of interest held or income received.</p> <table border="0"> <tr> <td><b>Business Luncheon &amp; Golf at Argyle Country Club</b></td> <td><b>(7-16-04)</b></td> <td><b>\$225.01</b></td> </tr> <tr> <td><b>Business Luncheon &amp; Golf at Argyle Country Club</b></td> <td><b>(9-10-04)</b></td> <td><b>\$120.71</b></td> </tr> </table> <p>12.b. Amount. <b>345.72</b></p>	<b>Business Luncheon &amp; Golf at Argyle Country Club</b>	<b>(7-16-04)</b>	<b>\$225.01</b>	<b>Business Luncheon &amp; Golf at Argyle Country Club</b>	<b>(9-10-04)</b>	<b>\$120.71</b>
<b>Business Luncheon &amp; Golf at Argyle Country Club</b>	<b>(7-16-04)</b>	<b>\$225.01</b>					
<b>Business Luncheon &amp; Golf at Argyle Country Club</b>	<b>(9-10-04)</b>	<b>\$120.71</b>					

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>Peter G. Catucci</b>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>SUNTRUST BANK</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>1445 New York Avenue, N.W.</b></p> <p>City <b>Washington</b></p> <p>State <b>D.C.</b> ZIP Code + 4 <b>20005</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>Does Banking for CWA (Communication Workers of America).</b></p> <p>11.b. Approximate dollar value of such dealing. <b>Unknown</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>Attended a Charity Golf Outing on 10-4-04 as a guest of SunTrust Bank.</b></p> <p>12.b. Amount. <b>Unknown</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>